2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001989

Name:

Address:

City-St-Zip:

NORMIL, JUTA D

3312 AVE SERRANT

DELRAY BEACH, FL 33445

Entity Name: CHURCH OF GOD APOSTOLICAL FAITH, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 106 NW 5 AVE DELRAY BEACH, FL **Current Mailing Address: New Mailing Address:** 106 NW 5 AVE DELRAY BEACH, FL FEI Number: 65-1089155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISRAEL, REVILFRAEL 106 NW 5 AVE DELRAY BEACH, FL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ISRAEL, REVILFRAEL Name: Name: 151 NW 41 CT Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete Name: FRANCOIS, SAINT-LO Name: PETIT-HOMME, JULES Address: 151 NW 41 CT Address: 2489 ANGLER SR. City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: DELRAY BEACH, FL 33445 Title: VD () Delete Title: VD (X) Change () Addition ATELIS, NORMIL ATELIO, NORMIL Name: Name: 3312 AVE. SERRANT 1710 STONE HAVEN APRT#7 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33436 Title: DT () Delete Title: DT (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

NORMIL, JUTA D

1710 STONE HAVEN APRT #7

BOYNTON BEACH, FL 33436

SIGNATURE: REV ILFRAEL ISRAEL PD 04/28/2004